



Stormwater Management Permit Application

DATE: _____ ZONING PERMIT NUMBER _____ FEE (To be determined) _____

OWNER: _____ PHONE NO: _____

MAILING ADDRESS: _____

ADDRESS OF PROPERTY (if different from mailing address): _____

PROPERTY IDENTIFICATION NUMBER (PIN): _____ DEED BOOK: _____ PAGE: _____

QUADRANT: NE () NW () SE () SW () CBD ()

SURVEYOR: _____ PHONE #: _____

ENGINEER: _____ PHONE #: _____

IS THERE A PERENNIAL STREAM ON THE PROPERTY? _____ YES _____ NO

PROJECT NAME: _____ TOTAL ACREAGE OF PROPERTY: _____

TOTAL ACREAGE TO BE DEVELOPED: _____ PERCENT OF BUILT UPON AREA: _____

PLEASE CHECK ALL THAT APPLY:

_____ NEW STRUCTURE : _____ RES. _____ COMM. _____ IND. _____ INST.

_____ ADDITION TO EXISTING STRUCTURE: _____ RES. _____ COMM. _____ IND. _____ INST.

_____ ADDITION TO BUILT UPON AREA: _____ RES. _____ COMM. _____ IND. _____ INST.

RESIDENTIAL PROJECTS ONLY: TOTAL DWELLING UNITS _____ DWELLING UNITS PER ACRE _____

GENERAL DESCRIPTION OF WORK UNDER THIS APPLICATION: _____

SIGNATURE OF OWNER: _____ DATE: _____

(The signature of the consulting engineer or any other agent will be accepted only if accompanied by a letter of authorization.)